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OUR VETERANS IN THE CRIMINAL JUSTICE SYSTEM:
WHAT IS BEING DONE TO DECREASE THEIR INVOLVEMENT?

by

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B.S., Portland State University, 2015

A Research Paper
Submitted in Partial Fulfillment of the Requirement for the
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RESEARCH PAPER APPROVAL

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Fulfillment of the Requirements

for the Degree of

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in the field of Rehabilitation Counseling

Approved by:

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Graduate School
Southern Illinois University Carbondale
July 6, 2018

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TITLE: OUR VETERANS IN THE CRIMINAL JUSTICE SYSTEM: WHAT IS BEING DONE TO DECREASE THEIR INVOLVEMENT?

MAJOR PROFESSOR: Dr. Jane L. Nichols

As the number of United States military veterans reaches above 20 million, the number of serious mental and emotional problem diagnoses, substance use disorders, as well as personal issues are also on the rise. With these diagnoses and struggles, the probability of veterans being involved in the criminal justice system increases. Currently United States veterans account for 9% of the United States population, while also accounting for 8% of the prison and 7% of the jail population.

The Department of Veterans Affairs has several programs and services available to veterans, programs established to promote overall well-being and to serve veterans that are involved in the criminal justice system. Despite program availability, there are still astonishing numbers of veterans that are involved in the justice system. Veteran justice system reduction programs for veterans have been implemented to decrease their involvement. These justice system reduction programs, which are known as Veterans Treatment Courts, may be the answer as they focus on treatment rather than punishment, resulting in stress reduction for the veteran and an easier transition to civilian life. Research suggests that veterans reintegrating back in to the civilian sector are at a heightened risk of becoming involved in the criminal justice system especially if mental health and substance abuse is present. Although there are multiple programs and services available to veterans to deter them from involvement or assist with the criminal justice system, these programs and services are not entirely serving their purpose. Services for

veterans through the Department of Veterans Affairs must become available to all veterans that need them regardless of eligibility or discharge characterization for successful reintegration back into the civilian sector and to ensure limited criminal justice system involvement.

Keywords: veteran(s), criminal justice system, prison, jail, reintegration

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HEADING 1

INTRODUCTION

The United States military is a complex multifaceted community that can be considered its own culture and having its own subcultures (Nichols, 2016). Within the military there is a culture that those in the civilian sector just simply would not understand. The military has its own set of morals, values, customs, ethics, communication style, and selflessness (Coll, Weiss, Draves & Dyer, 2012). The United States veteran population is a very unique population. Unfortunately, it seems as if this very unique population is not receiving the proper services to aid in reintegration into civilian life as is necessary, resulting in social disadvantages and serious consequences.

With United States military veterans accounting for 20.4 million individuals in the United States, according to data from the Department of Veterans Affairs (Pew Research Center, 2017), an understanding of the military lifestyle as well as the impact military service can have on an individual is crucial for their reintegration back into society. Although the veteran population in the United States is expected to decline in the next 30 years, those that have been in combat or have service connected disabilities is expected to rise. As of 2015, approximately 3.9 million veterans have service-connected disabilities and of those 1.2 million are at a rating of 70 percent or higher (United States Census Bureau, 2016). Difficulties in reintegration following military service can impact and affect the lives of veterans in multiple ways resulting in unemployment, homelessness, substance abuse, relationship issues, and mental illness (Savion, 2012). Unfortunately, these issues may not be addressed resulting in many of our military veterans ending up in the criminal justice system. With the majority of our veterans involved in the criminal justice system having serious needs, the system must develop original ways to work

with these individuals while addressing their needs at the same time. Currently 45 states including the District of Columbia have implemented justice system reduction programs, which for military members is known as Veteran's Treatment Court; court specifically geared to helping military veterans (Russell, 2014).

HEADING 2

WHO ARE OUR VETERANS?

Our veterans are everyday individuals that decided to take that extra step; they took an oath to support and defend the constitution of the United States against all enemies foreign and domestic. The United States military is an all-volunteer fighting force that in recent years has experienced multiple deployments of individual service members, as well as an increase in deployments of women, parents of young children, and the reserve components of the military. As of 2014, there were approximately 2.6 million veterans in the post-9/11 veteran population (Huskey, 2017). The Department of Veterans Affairs predicts that by 2019 there will be close to 3.5 million veterans in the post-9/11 cohort, with no end date established for this wartime era (Huskey, 2017). Many of these men and women left, or will leave, the service with physical and mental health injuries, which may include any one or more of the following: post-traumatic stress disorder, traumatic brain injury, depression, acute anxiety, and substance abuse problems (Huskey, 2017). Numerous studies have linked these conditions, combined with learned conduct that was necessary for survival in a war zone, to criminal behavior (Huskey, 2017).

As a result of Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn, there have been approximately 7,000 fatal casualties and nearly 1 million men and women report some type of non-fatal casualty (Henderson & Stewart, 2016). Like many people in the United States veterans are hesitant to receive medical or mental health services. There are multiple reasons why people do not seek care such as lack of accessibility, lack of coordination of care, lack of availability of high-quality care (National Academies of Sciences, Engineering, and Medicine, 2018). Seeking help is more difficult for veterans specifically due to concerns about stigma, labeling and pride.

HEADING 3

ISSUES AND PROBLEMS VETERANS ARE FACING

With military service come risks that the average person may never experience. Men and women that serve in the military are at a heightened risk of the obvious, death and injury; however face many additional issues that often times do not surface for years after serving. Things such as unemployment, homelessness, substance abuse, relationship issues, and mental illness can be long lasting.

Unemployment

For the first time in years, veterans overall have a lower unemployment rate than their civilian counterparts. According to Murren (2017), as of 2016, approximately 4 percent of all United States veterans were unemployed with a higher percentage of Gulf War veterans are unemployed, at about 6 percent. Older veterans, ages 45 and over, have the highest rate of unemployment. In 2016, 60 percent of this age group reported being unemployed (Murren, 2017).

Homelessness

Within the homeless veteran population many have co-existing conditions such as serious mental illness, 50 percent of homeless veterans, and substance abuse, 70 percent of homeless veterans (National Coalition for Homeless Veterans (NCHV), 2016). Military veterans account for 11 percent of the adult homeless population (NCHV, 2016). Reasons why veterans are homeless can be accounted to situations such as poverty, lack of social support, and unacceptable living conditions. Of the veterans that are homeless, two-thirds served for at least three years, and one-third served in a combat zone (NCHV, 2016). During the year 2009, nearly 76,000 veterans experienced homelessness on any given night and during that same year 136,000

veterans spent at least one night in a shelter (Substance Abuse and Mental Health Services Administration (SAMHSA), 2017).

Substance Use Disorder

Substance Use Disorder can affect any person regardless of their race, gender, age or class. Substance use disorder has no limitations and can impact an individual's life in unimaginable ways. Veterans are not immune to being affected by substances. Between the years 2004 and 2006, 7.1 percent of veterans met the criteria for substance use disorder (SAMHSA, 2017). In 2013, according to the National Survey on Drug Use and Health, 1.5 million veterans aged 17 and older had a substance use disorder in the past year (SAMHSA, 2015). Alcohol and drug use among veterans is often attributed to combat exposure and multiple deployments. Drinking is acceptable amongst military personnel therefore it is no surprise that alcohol is the primary substance used by veterans at 56.6 percent followed by marijuana use (Teeters, Lancaster, Brown & Back, 2017). Additionally, the rate of substance use disorders for veterans that have served in the military after September 2001 is 12.7 percent; the highest percentage compared to any other era (SAMHSA, 2015).

Strained Relationships

Being active in the military means that the military member can be called to duty at any time; often times with little preparation time. Multiple deployments, a characteristic of the current military environment means that families and friends are frequently left behind. The stressors associated with military life and these multiple deployments can have significant and lasting effects on not only the service member but also those individuals within their lives (Hawkins, 2009). Research indicates that military experience, particularly multiple deployments, strains marriages and other relationships (Russell, 2009). Although it is decreasing, as of 2015

the military divorce rate was 3 percent (Task and Purpose, 2016); often times this can be directly related to strained relationships.

Mental Illness

Unarguably the most detrimental and devastating consequence of military service is psychological health to not only our military veterans but also to their families. Mental illness rates are highest for those veterans that have deployed however, it spans across all ages, genders, and races. Approximately 18.5 percent of veterans that are returning from Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn have post-traumatic stress disorder and 19.5 percent have a traumatic brain injury (SAMHSA, 2017). Suicide and suicidal ideation have also become an increased concern. Veterans that screened positive for post-traumatic stress disorder are four times more likely to report suicidal ideation and that ideation was 5.7 times greater for veterans who screened positive for post-traumatic stress disorder and two or more comorbid disorders (Jakupcak, et al., 2009). Military sexual trauma has also been on the rise and is a risk factor to post-traumatic stress disorder (Suris & Lind, 2008). Of women that have military service, one in four reports experiencing military sexual assault which makes them nine times more likely to develop post-traumatic stress disorder (American Psychological Association, n.d.). Of those military veterans that do have a mental illness only 50 percent of them seek medical care and of them slightly more than half receive adequate care (SAMHSA, 2017).

HEADING 4

VETERANS AFFAIRS TREATMENT

The Department of Veterans Affairs has several programs and services available to veterans ranging from primary care to mental health and even programs that are geared specifically in assisting our veterans with staying out of the criminal justice system. In 2013 Congress passed Section 726 of the National Defense Authorization Act for fiscal year 2013; section 726 required that the Department of Veterans Affairs enter into an agreement with the National Academies of Sciences, Engineering, and Medicine for a study that would assess veterans' ability to access mental health services at the Department of Veterans Affairs and the quality of mental health service within, and would provide recommendations to improve problems with access and quality services (National Academies of Sciences, Engineering, and Medicine, 2018). The Department of Veterans Affairs is equipped to provide services for major mental health conditions such as post-traumatic stress disorder, major depressive disorder, substance use disorder, and suicidal thoughts or behaviors however, it was found that there was a substantial unmet need for mental health services for veterans of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn (National Academies of Sciences, Engineering, and Medicine, 2018).

Unfortunately though, not all veterans are eligible for services through the Department of Veterans Affairs. If a veteran received a dishonorable discharge they cannot receive services. If a veteran served during a period of war, they can receive 5 years of services. After those 5 years the veteran is assessed on their need based upon their income and service-related disability. Depending on the veterans eligibility, the following programs are provided for mental health; post-traumatic stress disorder clinical teams and specialists, substance use and post-traumatic

stress disorder dual diagnosis teams, women's stress disorder treatment teams, vocational rehabilitation programs, mental health teams, Health Care for Re-Entry Veterans, and many more. In addition, there are programs within the Department of Veteran's Affairs specific to homeless veterans.

Post-traumatic stress disorder clinical teams focus on providing care and the rehabilitation of veterans within a residential setting. Veteran's that have suffered military sexual trauma are also eligible to receive these services. In the residential setting, substance use treatment, and psychosocial rehabilitation such as housing, employment, and social support is also focused on.

The substance abuse treatment that the Department of Veterans Affairs provides is for residential services. The substance use program provides a stable substance-free supervised recovery environment for veterans with substance use disorder who require a structured setting while being treated and working toward recovery (National Academies of Sciences, Engineering, and Medicine, 2018). As great as this may sound, those veterans that are at a severe risk unfortunately cannot receive services. In order to be admitted to services, veterans must either require no monitoring or be at risk for no more than mild withdrawal (National Academies of Sciences, Engineering, and Medicine, 2018).

A program known as Healthcare for Re-Entry Veterans was designed with the intent to connect veterans recently released from prison to the necessary primary care, mental health, and substance abuse services. In addition, the Healthcare for Re-Entry Veterans program advocates with the criminal justice system for treatment as an alternative to incarceration. The Department of Veterans Affairs offers multiple services and programs for veterans however the eligibility

and requirements for the veterans is the preventive measure when it comes to receiving the services.

HEADING 5

CRIMINAL JUSTICE SYSTEM

The United States criminal justice system is like no other justice system in the world. Although our courts are independent from the other branches of government, they are still deeply intertwined with society. As society inevitably changes, the court system must adapt to that societal change as well. It is well known that crime and poverty are closely linked. It is also known that crimes such as domestic violence and sexual assaults do not get treated nearly as harsh as robbery or drug related crimes. On average correctional staff are supervising 7 million people. Fighting crime is a large societal activity. Every year, local, state, and federal governments spend \$185 billion on the criminal and civil justice systems in the United States (Neubauer & Fradella, 2015).

The criminal justice system can be broken up into three different departments with specific assigned duties and services. Since all three must interact to play their pivotal role in the criminal justice system, the services from these departments often, overlap with one another (Neubauer & Fradella, 2015). There are the police that are responsible for maintaining order and apprehending criminals; the courts who are responsible for the adjudication process and determining guilt or innocent in addition to imposing sentences; and corrections, which is the department responsible for ensuring the sentence imposed on the guilty individuals is enforced. This already complex system is also differentiated at the state and the federal levels, adding even more steps, rules, regulations and restrictions. For example each state government is made up of individual county and city governments. Within each level of state, county and city government are another layer of police, courts, and corrections. These multiple levels of jurisdiction and

responsibility make the American criminal justice system not only complex but also user “unfriendly”.

This complexity delays hearings and complicates the hearing process, such that defendants and crime victims experience lengthy waits and lengthy trial processes. Only the courts can keep a suspect in jail prior to trial, find a defendant guilty, and sentence said guilty person to prison. On the other side, only the courts can release an individual awaiting trial, find a suspect not guilty, and grant a sentence of probation. Decisions made by the courts affect the other components of the criminal justice system (Neubauer & Fradella, 2015). A judge’s policy for example, in regards to bail directly affects those that the police are arresting and the population of the jails because of those same bail policies.

There are approximately 17,000 courthouses in the United States (Neubauer & Fradella, 2015). Police component consists of more than 17,000 law enforcement agencies. It is estimated that there are 12 million serious crimes every year (Neubauer & Fradella, 2015). In addition to the 12 million serious crimes, there are more than 13.5 million arrests per year from nontraffic offenses, 3 million of which involve serious crimes such as robbery, rape, murder, or assault (Neubauer & Fradella, 2015). The overall arrest rate is about 20 percent or one in five crimes (Neubauer & Fradella, 2015). Corrections is made up of not only prisons and jails but also probation, parole, drug treatment, and halfway houses. There are approximately 1,300 state and federal correctional facilities, and thousands of local jails (Neubauer & Fradella, 2015).

HEADING 6

VETERANS IN THE CRIMINAL JUSTICE SYSTEM

As of 2012 there were 181,500 veterans in state and federal prison and local jails, which was a decrease of 21,500 veterans from the last survey in 2004 (Bronson, Carson, Noonan & Berzofsky, 2015). The crimes that veterans are charged and convicted of tend to be more severe than those of their nonveteran counterparts. Incarcerated veterans were more likely to be convicted on a violent sexual offense and have fewer priors than nonveterans (Bronson, Carson, Noonan & Berzofsky, 2015). Nearly one in four veterans in prison were sex offenders and veterans are more likely than other violent offenders in prison to have victimized females and minors (NCHV, 2016). As seen in Figure 1, approximately 37.7 percent of veterans could not participate in Veterans Treatment Court due to violent offenses and 61.5 percent could not participate due to sex offenses. By looking at Table 1, it can be seen that for the veterans that have been sentenced, 79,400 (64 percent) of them were sentenced for violent offenses and 55,800 (43 percent) of veterans in prison had four or more prior arrests (Bronson, Carson, Noonan & Berzofsky, 2015). Continuing to look at Table 1, an estimated 104,200 (81 percent) of veterans received sentences of five or more years, including sentences of life or death. 21,100 (16 percent) of veterans in prison were serving life sentences, while 22,200 (17 percent) of veterans were serving sentences of one to four years (Bronson, Carson, Noonan & Berzofsky, 2015).

Veterans that were discharged after September 11th, 2001, during Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn, accounted for 13 percent of veterans in prison and 25 percent of veterans in jail (Bronson, Carson, Noonan & Berzofsky, 2015). As, mentioned previously those that were involved in the before mentioned operations,

have a high possibility of being diagnosed with a mental health disorder. Therefore it does not come as a surprise, as seen in table 2, that about half of all veterans in prison (48 percent) and jail (55 percent) had been told by a mental health professional they had a mental disorder (Bronson, Carson, Noonan & Berzofsky, 2015). Incarcerated veterans who have seen combat (60 percent in prison and 67 percent in jail) were more likely than noncombat veterans (44 percent in prison and 49 percent in jail) to have been told they had a mental disorder (Bronson, Carson, Noonan & Berzofsky, 2015). Table 2 shows that post-traumatic stress disorder is twice as likely to be diagnosed by mental health professionals for veterans in prison than that of nonveterans, with 31 percent of veterans in jail being told at some point in their lives that they had post-traumatic stress disorder (Bronson, Carson, Noonan & Berzofsky, 2015). Table 2 also shows that overall 26 percent of veterans in jail report that they were currently being treated for a mental health problem with the most common diagnosis for veterans (34 percent) being major depressive disorder (Bronson, Carson, Noonan & Berzofsky, 2015).

Mental health disorders are not the only diagnosis that veterans are facing. Table 3 shows that approximately 18 percent of veterans in prison reported a cognitive disability, 14 percent reported an independent living disability, and 11 percent reported a hearing disability (Bronson, Carson, Noonan & Berzofsky, 2015). Of the veterans involved in the criminal justice system, 60 percent of them have a substance abuse problem, with 25 percent of them reportedly under the influence of drugs or alcohol at the time of their offense (Henderson & Stewart, 2016). In addition to the multiple issues that veterans are facing while in prison or jail, veterans that are in prison or jail tend to be older than the general population. Yet veterans are better educated than other prisoners with nearly all veterans in state prison (91 percent) reporting at least a high school diploma or GED (NCHV, 2016).

HEADING 7

VETERANS TREATMENT COURT

Veterans Treatment Courts are considered to be problem-solving courts just like domestic violence or drug court. The purpose of problem-solving courts is to address underlying problems that result in criminal behavior (Strong, Rantala & Kyckelhahn, 2016). In order for someone to participate in a problem-solving court they must agree and be willing to follow the guideline of the courts to avoid prosecution, incarceration, and other possible criminal justice outcomes as is required by the courts (Strong, Rantala & Kyckelhahn, 2016).

Judge Robert Russell from Buffalo, New York founded the first Veterans Treatment Court in 2008. The number of veterans involved in the Drug and Mental Health Courts that Judge Robert Russell was over was increasing. Based upon what was being observed within the courts, Judge Russell developed a model of treatment that would better address the unique needs for the veterans that were involved in the criminal justice system. Soon after Judge Russell's court was started in 2008, courts across the country began to develop treatment programs for veterans using the model that Judge Russell created. Veterans Treatment Courts serve justice-involved veterans and at times active-duty personnel in aspects that involve veterans drug courts, veterans mental health courts, and general veterans courts (Strong, Rantala & Kyckelhahn, 2016). Today, more than 300 Veterans Treatment Courts exist in the United States to serve veterans.

Due to the wide-range of crimes being committed by veterans, consequences are going to be severely different. Because of this, a unique solution is required; one that provides fair but firm adjudication while ensuring that our veterans are getting the treatment that they deserve.

Veterans Treatment Courts deliver the necessary, specialized services that can properly address the complex issues faced by justice-involved veterans, while also ensuring accountability for the participants in these courts (Henderson & Stewart, 2016). Due to the extreme cultural differences between veterans and civilians, there is an absolute need to differentiate veteran-specific considerations through treatment. It can be seen in Table 4 that in 2012, half (49 percent) of all problem-solving courts offered and participants used anger management programs ranging from 26 percent of Driving While Intoxicated Courts to 71 percent of Veterans Treatment Courts (Strong, Rantala & Kyckelhahn, 2016).

Veterans Treatment Court's are considered hybrid drug and mental health treatment options within the justice system (Henderson & Stewart, 2016). By following a problem solving court model and introducing state-of-the-art measures to address veterans' specific needs, the courts are very successful. Like Drug and Mental Health Courts, sobriety, recovery, and stability through coordinated, judicially supervised treatment and community driven responses are part of the Veteran's Courts mission (Henderson & Stewart, 2016). Unlike Drug and Mental Health Courts, mentorship programs and coordinated treatment services are provided to the participants. These services are provided by different government organizations such as the United States Department of Veterans Affairs and the Veterans Benefits Administration (Henderson & Stewart, 2016). Another primary aspect for Veteran's Treatment Courts is allowing for the veteran's that are involved to have the "sense of belonging" once again. This is done by the court attempting to mirror the military culture that veteran's are used to by providing an environment that is highly structured and allows for the participants to build camaraderie amongst themselves as they complete the treatment court process.

Veteran's Treatment Court allow for the focus to be on not only the treatment but also accountability of the veteran, which allows for public safety to be upheld. Although Veteran's Treatment Courts were designed for any veteran that becomes involved in the criminal justice system, these courts offer individualized treatment to the veterans through multiple services, ultimately allowing for veterans to successfully reintegrate back into society while staying out of the criminal justice system. Veterans Treatment Courts have integrated the philosophy "no veteran left behind" into their model of treatment. In doing this, veterans gain not only the mentorship of their peers but also know that regardless of the situation there will also be someone available to watch and have their "six".

HEADING 8

VETERANS ROLE IN THE VETERANS JUSTICE OUTREACH PROGRAM

Within the Department of Veterans Affairs, a program known as the Veterans Justice Outreach plays a vital role in a veterans' success within Veteran's Treatment Court. The ultimate goal the Veterans Justice Outreach program is to link the veteran currently involved in the criminal justice system with services that are offered at the Department of Veterans Affairs while having a goal to prevent incarceration and homelessness.

In addition to providing services to the veterans, the Veterans Justice Outreach program provides education and training in regards to veterans' health issues and what services are available at the Department of Veterans Affairs to law enforcement personnel, courts, and jails. By doing this in addition to the services provided directly to the veteran, the Veterans Justice Outreach program has been proven to be successful in linking those veterans involved in the criminal justice system with the necessary treatment (Henderson & Stewart, 2016). 97 percent of veterans who are seen by the Veterans Justice Outreach specials access mental health treatment services, and 72 percent of veterans access substance abuse treatment services (Henderson & Stewart, 2016).

HEADING 9

RESULTS OF VETERANS TREATMENT COURT

Though few observational studies have been done to verify the benefits of Veterans Treatment Courts, evaluations through individual courts have been completed. The results of these evaluations are remarkable, as they show across-the-board reductions in recidivism rates for participants, significant cost benefits to both courts and taxpayers, and life-changing effects for the veterans and families involved (Henderson & Stewart, 2016).

Studies done across the nation have shown that Veterans Treatment Courts are just as effective, if not more effective at reducing recidivism than other problem solving courts. A study conducted in 2011 on the outcomes of veterans in Veterans Treatment Courts found that for graduated participants, recidivism rates were fewer than 2 percent (Henderson & Stewart, 2016). In addition to recidivism rates being lower, Veterans Treatment Courts save taxpayers hundreds of thousands of dollars that would have otherwise be spent on incarceration (Henderson & Stewart, 2016). Diversion programs such as Veterans Treatment Courts allow for lesser costs not only due to a decrease of incarceration but also fewer requirements of parole supervision and the ability to connect eligible veterans with the proper Department of Veterans Affairs services and programs.

As seen in Table 5, 80 percent of Veterans Treatment Courts reported case dismissal as a benefit for successful program completion while 64 percent reported that a suspended sentence was a benefit of successful completion of the court program (Strong, Rantala & Kyckelhahn, 2016).

Veterans Treatment Courts improve family relationships and social support connections, in addition to improving the overall stability of the veterans life (Henderson & Stewart, 2016).

Evaluations of Veterans Treatment Courts have shown substantial improvements in levels of employment, education, and housing, both during and after treatment as well as proven effective in helping veterans on the path to recovery within mental health, substance abuse, and social integration (Henderson & Stewart, 2016).

HEADING 10

FUTURE FOR VETERANS OUT OF THE CRIMINAL JUSTICE SYSTEM

Veterans already struggle with multiple issues such as unemployment, homelessness, substance use, strained relationships, and mental illness that, due to their experiences while in the military have caused them to be at a heightened risk compared to civilians. Additionally, the culture of the military makes asking for and accepting help an exceedingly difficult task for veterans. Societally we should be willing to not only learn and become familiar with the military lifestyle but should also take care of our veterans in all aspects of their lives as they have done for us.

It is evident that there are several programs and services that have been implemented to assist in keeping veterans out of the criminal justice system. Which may explain why veteran involvement in the criminal justice system seems to be decreasing as the years go by however the intensity of the crimes veterans are committing as well as the length of time they are sentenced to is not reducing. There are also programs and services that have been started to assist veterans if by chance they do get involved in the criminal justice system.

Research shows that if a veteran gets involved in the programs and services available to them upon discharge from the military, their likeliness of criminal justice system involvement is lessened. Additionally, it has been found that if involved in the criminal justice system, involvement in Veterans Treatment Court as well other services offered, can assist in possible case dismissal as well as additional benefits. Furthermore, the recidivism rates for veterans that successfully complete Veterans Treatment Court is 2 percent. Although these programs and services allow for some veterans to successfully reintegrate back into the civilian sector, these programs and services are not available to all veterans.

Department of Veterans Affairs programs and services are absolutely not available to veterans that were dishonorably discharged from military service regardless of the situation. Veterans that served in Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn can receive benefits for 5 years upon discharge of any discharge other than dishonorable but, after those 5 years are at risk of losing access to all Department of Veterans Affairs programs and services. Also, if the veteran does not have a service connected disability they are not eligible. If the veteran does have a service-connected disability percent will determine which programs and services that veteran would be eligible for. Services for substance abuse have additional requirements such as the veteran not being considered high risk, making it more difficult to receive care. Furthermore, in 2013 it was found that many services were not meeting the standards of adequate health care for veterans.

In regards to Veterans Treatment Courts, recidivism rates are less than 2 percent, which proves that this problem-solving court is successful. Unfortunately, location tends to be the biggest issue. There are approximately 300 Veterans Treatment Courts in the United States with most being near highly populated metropolitan areas. Veterans that live in rural areas or did not offend in the county the Veterans Treatment Court covers do not have the access to these problem-solving courts. In addition, specific crimes such as violent offenses or sexual crimes, could make a veteran ineligible for Veterans Treatment Court.

Without a doubt, programs and services are available to eligible veterans, however programs and services must be made to all veterans regardless of their discharge, percent of service-connected disability, war era that service was performed, or based upon where the veteran currently resides or where the county in which the crime took place. Our veterans

willingly chose to defend and protect the nation and now we must do all we can to defend and protect our veterans from their battles in their homeland.

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Table 1

Current offense, sentencing, and criminal history characteristics of male inmates in prison by veteran status, 2011-12

	<u>Estimated number of male prisoners</u>		<u>Percent of male prisoners</u>		
	<u>Veterans</u>	<u>Nonveterans</u>	<u>Veterans*</u>	<u>Standardized</u>	<u>Nonveterans</u> <u>Unstandardized</u>
Most serious current offense	123,600	1,153,900	100%	100%	100%
Violent sexual	43,700	168,000	35.4	23.3**	14.6**
Other violent	35,700	382,500	28.9	28.9	33.1**
Property	14,500	199,500	11.7	17.2**	17.3**
Drug	17,500	268,100	14.2	19.3**	23.2**
DUI/DWI	3,500	31,800	2.8	4.1**	2.8
Other	8,700	104,100	7.0	7.1	9.0**
Sentence length	128,800	1,201,700	100%	100%	100%
Less than 1 year	2,500	41,200	1.9	2.5	3.4**
1-4 years	22,200	297,300	17.2	20.6**	24.7**
5-19 years	54,200	535,300	42.1	40.0	44.5
20 years or more	28,700	211,400	22.3	22.8	17.6**
Life sentence	21,100	114,600	16.4	13.9**	9.5**
Death sentence	200	1,900	0.1	0.2	0.2
Number of prior arrests	128,900	1,201,800	100%	100%	100%
1	28,100	173,400	21.8	15.7**	14.4**
2-3	45,000	365,000	34.9	29.2**	30.4**
4-10	36,900	437,700	28.6	34.8**	36.4**
11 or more	18,900	225,700	14.6	20.3**	18.8**
Prior incarceration^a	130,100	1,213,100	100%	100%	100%
Yes	95,400	972,600	73.3	77.5**	80.2**
No	34,700	240,500	26.7	22.5**	19.8**

Note: Detail may not sum to total due to rounding and missing data. Nonveterans were standardized to veterans for age, race, and Hispanic origin for male prison inmates.

*Comparison group.

**Difference with the comparison group is significant at the 95% confidence level.

^aIncludes prison, jail, or any other correctional facility.

Adapted from "Veterans in Prison and Jail, 2011-12," by J. Bronson, A. Carson, M. Noonan, and M. Berzofsky, 2015, Bureau of Justice Statistics. Adapted with permission.

Table 2

Mental health characteristics reported by male inmates, by veteran status, 2011-12

	<u>Prison</u>			<u>Jail</u>		
	<u>Nonveterans</u>			<u>Nonveterans</u>		
	<u>Veterans*</u>	<u>Standardized^a</u>	<u>Unstandardized</u>	<u>Veterans*</u>	<u>Standardized^a</u>	<u>Unstandardized</u>
Indicators of a current mental health problem	100%	100%	100%	100%	100%	100%
Past 30-day serious psychological distress ^b	14.0	14.7	14.1	28.5	26.4	25.3
Currently treated for a mental health problem ^c	18.1	15.5**	12.9**	25.6	19.4**	14.9**
Taking prescription medication	14.4	12.5**	9.8**	22.1	17.0**	12.8**
Receiving counseling/therapy from a trained professional ^d	12.7	10.9**	9.3**	11.3	8.5**	6.5**
History of a mental health problem	100%	100%	100%	100%	100%	100%
Told by a mental health professional they had a mental disorder ^e	47.6%	36.3%**	33.4%**	54.70%	43.4%**	39.6%**
Major depressive disorder	27.3	24.1	21.9**	34.4	30.3**	26.9**
Bipolar disorder	17.5	16.2	15.9	26.6	23.5**	22.0
Schizophrenia or another psychotic disorder	10.0	9.2	8.3**	13.4	13.6	11.2**
Post-traumatic stress disorder	22.9	11.1**	9.7**	31.0	15.1**	12.4**
Anxiety disorder ^f	12.1	11.3	10.2**	19.4	17.1**	15.2**
Personality disorder ^g	16.5	13.5**	12.2**	16.8	14.8**	12.6**
Ever had an overnight hospital stay for a mental health problem ^h	25.8%	22.3%**	20.4%**	35.10%	28.5%**	25.5%**
Estimated number of inmates	130,100	1,213,100	1,213,100	48,400	578,900	578,900

Note: Detail may not sum to total due to rounding and missing data. Nonveterans were standardized to veterans for age, race, and Hispanic origin for male prison and jail inmates.

*Comparison group.

**Difference with the comparison group is significant at the 95% confidence level.

^aIncarcerated veterans were standardized to the prison and jail veteran populations based on the distribution by sex, age, race, and Hispanic origin.

^bBased on K6 score of nonspecific serious psychological distress and meeting the criterion of a score of 13 or higher. See Methodology.

^cCurrently is defined as the time of the interview.

^dTrained professional includes psychiatrist, psychologist, social worker, or nurse.

^eBased on inmates who reported that at some point in their lives, a mental health professional, including a psychiatrist or psychologist, told them they had a mental disorder.

^fIncludes panic disorder and obsessive compulsive disorder.

^gIncludes antisocial and borderline personality disorder.

^hIncludes inmates who stayed overnight or longer in a hospital or other facility to receive treatment or counseling for a problem with their emotions, nerves, or mental health. Does not include hospital stays for drugs or alcohol problems.

Adapted from "Veterans in Prison and Jail, 2011-12," by J. Bronson, A. Carson, M. Noonan, and M. Berzofsky, 2015, Bureau of Justice Statistics. Adapted with permission.

Table 3

Estimated number of male veterans in prison and jail reporting a disability, by veteran status,

2011-12

Disability type	<u>Prison</u>			<u>Jail</u>		
	<u>Veterans*</u>	<u>Standardized</u>	<u>Unstandardized</u>	<u>Veterans*</u>	<u>Standardized</u>	<u>Unstandardized</u>
Hearing	10.7%	11.5%	6.2% **	13.9%	8.3% **	5.4% **
Vision	10.3	11.2	7.3 **	13.2	10.1	6.5 **
Cognitive	18.0	15.1	8.2 **	17.4	18.9	9.1 **
Ambulatory	30.0	30.3	29.3	17.6	20.1	18.9
Self-care	7.7	4.4	2.2	3.6	3.0	1.9
Independent living	13.7	9.4	8%	9.4	11.9	7.0
Estimated number of inmates	128,700	1,212,300	1,212,300	43,800	582,900	582,900

Note: Estimates based on alternative survey respondents only. See Methodology. Nonveterans were standardized to veterans for age, race, and Hispanic origin for male prison and jail inmates.

*Comparison group.

**Difference with the comparison group is significant at the 95% confidence level.

Adapted from "Veterans in Prison and Jail, 2011-12," by J. Bronson, A. Carson, M. Noonan, and M. Berzofsky, 2015, Bureau of Justice Statistics. Adapted with permission.

Table 4

Services commonly used by problem-solving court participants, by type of court, 2012

<u>Type of service</u>	<u>All courts</u>	<u>Drug</u>	<u>Mental health</u>	<u>Family</u>	<u>Youth specialty</u>	<u>Hybrid DWI/drug^a</u>	<u>DWI</u>	<u>Domestic violence</u>	<u>Veterans</u>	<u>Tribal wellness</u>	<u>Other^b</u>
Treatment											
Substance abuse	86.8%	95.5%	77.1%	97.4%	40.8%	94.8%	94.4%	64.5%	95.1%	96.2%	78.0%
Integrated substance abuse and mental health treatment	60.4	62.5	85.5	70.9	20.7	56.8	51.1	36.8	84.4	61.5	49.2
Medication as a treatment strategy	28.1	22.5	59.9	37.9	8.2	29.2	19.7	13.2	51.6	30.8	25.4
Counseling											
Individual	89.2%	94.0%	94.9%	94.7%	65.2%	95.3%	90.4%	63.2%	95.9%	96.2%	72.0%
Outpatient	59.5	56.1	97.0	62.1	28.8	51.0	44.4	51.3	89.3	61.5	63.6
Cognitive behavioral therapy	57.3	60.1	72.7	64.3	19.6	66.1	57.3	27.6	73.0	57.7	50.0
Crisis stabilization	32.2	25.8	79.5	33.9	9.2	27.6	22.5	16.4	50.0	42.3	33.9
Inpatient mental health treatment	27.6	21.1	66.3	22.5	9.8	18.2	18.0	19.1	68.0	38.5	32.2
Personal											
Life skills	71.8%	73.5%	80.5%	91.6%	62.5%	73.4%	59.0%	39.5%	67.2%	73.1%	71.2%
GED class	56.7	66.8	49.2	59.0	23.4	75.5	48.3	21.1	45.9	73.1	61.0
Job training and employment readiness program	53.9	58.4	56.6	61.7	17.4	59.4	52.2	16.4	73.8	69.2	66.1
Transportation	50.7	48.8	76.4	74.9	20.1	46.9	51.7	11.2	64.8	65.4	50.0
Locating housing	50.3	44.8	79.8	81.1	7.6	56.3	46.1	15.8	79.5	53.8	55.1
Accessing benefits	48.5	42.2	82.2	72.7	12.0	56.8	39.3	14.5	81.1	38.5	54.2
Health education	32.3	34.2	40.1	41.9	16.8	35.9	28.1	5.3	36.1	38.5	31.4
Financial counseling	25.2	23.7	30.0	34.8	4.3	43.8	28.7	2.0	33.6	23.1	29.7
Civil legal assistance	13.7	9.8	16.8	19.4	3.3	16.1	14.6	17.1	25.4	38.5	22.9
Cultural-specific services	12.5	11.3	12.5	17.6	9.8	9.4	16.3	6.6	11.5	73.1	12.7
Victim or offender support											
Anger management	49.3%	47.1%	51.9%	53.3%	54.3%	52.6%	26.4%	55.9%	70.5%	65.4%	41.5%
Batterer	14.7	6.4	10.8	27.8	2.7	9.9	4.5	88.8	32.0	26.9	9.3

Note: Detail may sum to more than 100% because multiple responses were allowed. Percentages are based on 96.7% item response rate.

^aHandles alcohol- or drug-dependent offenders also charged with a driving offense.

^bIncludes other courts not shown.

Adapted from “Census of Problem-Solving Courts, 2012,” by S. M. Strong, R. Rantala, and T. Kyckelhahn, 2016, *Bureau of Justice Statistics*. Adapted with permission.

Table 5

Benefits of successful program completion, by type of problem-solving court, 2012

Type of court	<u>Case dismissed</u>	<u>Sentence suspended</u>	<u>Record expunged</u>	<u>Expedited settlement</u>	<u>Other^a</u>
All courts	61.3%	39.5%	22.4%	11.1%	34.0%
Drug	65.2	42.6	26.8	7.6	28.8
Mental health	74.1	48.6	22.1	12.1	28.3
Family	45.5	10.3	3.6	33.5	57.6
Youth specialty	75.5	11.7	36.7	4.3	18.6
Hybrid DWI,drug ^b	56.6	54.4	24.2	13.7	36.8
DWI	13.5	49.7	4.3	7.4	49.7
Domestic violence ^c	49.3	41.3	21.7	13.0	44.9
Veterans	80.0	55.0	22.5	11.7	35.8
Tribal wellness	78.3	65.2	21.7	4.3	8.7
Other ^d	58.7	33.0	12.8	11.0	45.9

Note: Detail may sum to more than 100% because multiple responses were allowed. Percentages are based on 93.1% item response rate. See appendix table 19 for standard errors.

^aIncludes benefits such as case closure, charge reduction, and successful completion of probation.

^bHandles alcohol- or drug-dependent offenders also charged with a driving offense.

^cSix percent of domestic violence courts indicated the court is mandated and reported no additional benefits associated with court completion.

^dIncludes other courts not shown.

Adapted from "Census of Problem-Solving Courts, 2012," by S. M. Strong, R. Rantala, and T. Kyckelhahn, 2016, *Bureau of Justice Statistics*. Adapted with permission.

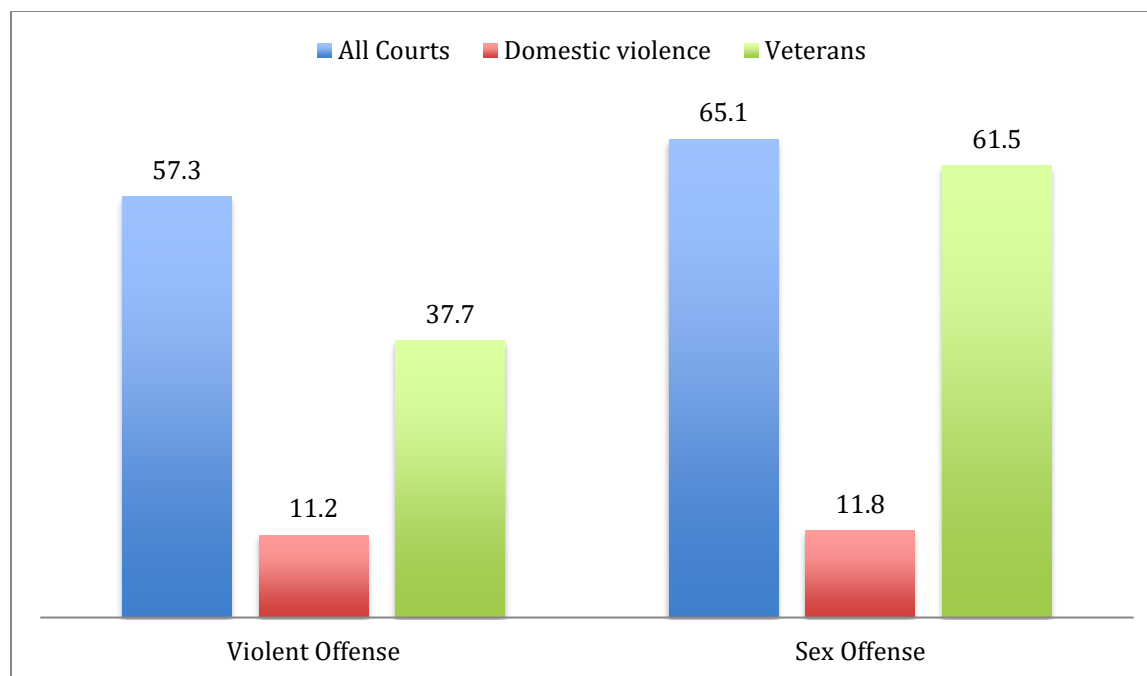


Figure 1, *Participants ineligible for selected problem-solving courts based on prior violent or sex offenses by percentage, 2012*

Note: Percentages are based on 97.4% item response rate.

Adapted from "Census of Problem-Solving Courts, 2012," by S. M. Strong, R. Rantala, and T. Kyckelhahn, 2016, *Bureau of Justice Statistics*. Adapted with permission.

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